

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3	/						53		/				
4		/					54	/					
5	/						55		/				
6		/					56	/					
7	/						57	/					
8		/					58		/				
9		/					59	/	*				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13	/						63		/				
14	/						64		/				
15		/					65		/				
16		/					66		/				
17		/					67	/					
18		/					68		/				
19		/					69	/					
20		/					70		/				
21	/						71						
22	/						72						
23	/						73						
24		3					74						
25		3					75						
26		3					76						
27		3					77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43	/						93						
44		/					94						
45	/						95						
46		3					96						
47		3					97						
48		/					98						
49		/					99						
50		3					100						
TOTAL IND.							TOTAL IND.	19					
TOTAL DEP.							TOTAL DEP.	65					
TOTAL CLAIMS							TOTAL CLAIMS						